

Michigan Department of Community Health
Medical Services Administration

Durable Medical Equipment & Supplies

Medicaid Provider Liaison Meeting

Capitol Commons Center

Monday, October 8, 2012

1:00 p.m. – 3:00 p.m.

Welcome and Introductions

Jackie Prokop opened the meeting; introductions were made.

Affordable Care Act (ACA) Provider Enrollment

Patricia Darnell summarized the new Provider Enrollment screening measures required by Sections 6401 and 6501 of the Affordable Care Act (ACA), and the Michigan Department of Community Health's (MDCH) plans to implement these requirements. Proposed Policy 1243-ACA was provided to the group. Patricia encouraged the providers to read through the bulletin and submit questions and comments by October 29, 2012.

National Correct Coding Initiative (NCCI) Edits:

Lisa Trumbell and Evelyn Greaux explained to the group that the Centers for Medicare and Medicaid Services (CMS) has imposed new National Correct Coding Initiatives (NCCI) edits for Medicaid programs. The new requirements are a result of Section 6507 of the (ACA). The two new edit groups are Medically Unlikely Edits (MUES) and Procedure-to-Procedure (PTP) edits. MUEs limit the number of units that can be billed daily for a single procedure code. PTP edits do not allow specific procedure codes to be billed together during the same date of service. Bulletin MSA 12-40 was provided to the group and all were encouraged to visit the NCCI website listed in the bulletin. CMS will be posting the edits on the NCCI website. Providers requested clarification as to why MDCH is "bundling" wheelchair codes together. Staff explained that the codes are part of the NCCI and should be included in the base of the wheelchair.

DMEPOS Audit:

Latina McCausey reported to the group that MDCH durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) are in the midst of an audit by the Auditor General. MDCH is unaware of what impact this may have on providers. Staff will notify providers if they will be impacted.

ICD-10:

Mary Guild updated participants on the progress of ICD-10 and provided handouts to the group. Providers were encouraged to be proactive, find out who the ICD-10 coordinator is for their organization, review their policies and procedures and visit the MDCH website to view the "ICD-10 Implementation," webcast. The US Department of Health and Human Services (HHS) has delayed the implementation of ICD-10 until October 1, 2014. -MDCH continues to prepare by working on CHAMPS, policies, forms, etc. and will be ready for implementation on October 1, 2014.

MSA-1656:

Lisa indicated that the revisions to the MSA-1656 are almost complete. MDCH received many comments during the public comment period. The form will be available online and has expanding text boxes so that all information can be completed electronically. The form will be effective December 1, 2012. MDCH will accept the previous version for evaluations completed on or before January 31, 2013. Evaluations done on or after February 1, 2013 must be submitted on the new form as the previous version will become obsolete.

CSHCS Transition into Medicaid Health Plans (MHP):

Kathy Stiffler provided an overview and background on the transition of children who have both Children's Special Health Care Services (CSHCS) and Medicaid into the MHPs. Bulletin MSA 12-46 and L-letter L12-36

were summarized and handed out to the group. There are a total of 21,000 CSHCS/Medicaid beneficiaries that will be transitioned to MHPs. Transition will occur in phases. The first groups transitioned on October 1, 2012 were beneficiaries in the Upper Peninsula. The second group will be beneficiaries in Kent County, who received enrollment information on or around (October 8, 2012). The last letters will go out to the remaining beneficiaries mid-November. Those individuals will have until February 1, 2013 to select their MHP.

Benefits of transitioning this group into MHPs:

1. Organized system for primary care
2. Complex case management provided
3. Better access to primary care services – families choose their primary care physician
4. Better access to mental health and transportation services

All 13 MHPs completed a core competency review to determine their ability to serve this population. Twelve MHPs passed and are accepting enrollments. Fee-for-Service prior authorizations approved for a beneficiary before the transition will be honored by the MHP for 30 days after the beneficiary is enrolled in the MHP. After 30 days, providers and members must follow the MHP's prior authorization and documentation requirements. The MHPs must allow members to continue to maintain established relationships with their primary care physician, specialty physicians, and hospital providers.

The participants voiced concerns regarding MHPs not allowing them to enroll as providers in the MHP networks. Two MHPs in particular have denied the DME provider stating their network is "full." The providers indicated that members do not seem to have enough choices regarding DME providers. Kathy informed the group that the MHPs are responsible for establishing their own network of providers. If access becomes a problem for the beneficiaries, the providers or beneficiaries should report it to MDCH.

Other Issues:

A participant requested clarification on coverage of transit options. Lisa Trumbell explained that the transit options are not considered medical equipment. The Americans with Disabilities Act does not require transport options to be installed on wheelchairs for public transport. Providers requested that PA requests be denied (instead of returned) since MDCH has made a decision not to cover the transit options separately from the wheelchair base. Staff explained that MDCH will cover the transit option as part of the base only if the beneficiary requests the transit option. Providers were cautioned regarding how they relay this information to beneficiaries. Providers requested that MDCH develop a Fact Sheet to be posted on-line. Staff will consider this request.

Participants indicated that items that do not have an assigned Healthcare Common Procedure Coding System (HCPCS) code MDCH should allow the K0108 for separate reimbursement and not include those items in the base of the wheelchair. Evelyn requested that members submit examples to her for review.

Next Steps:

MDCH staff asked if the group felt quarterly meetings were helpful to them or if they would prefer meetings to take place twice a year. Majority indicated that they preferred quarterly meetings.

Please be sure to sign-in upon arrival and provide your email address for electronic notification of future meetings, including minutes from this meeting. – Thanks.